APPLICATION DATA SHEET

Application Information		
Application Number::		
Filing Date::	August 6, 2003	
Application Type::	Regular	
Subject Matter::	Utility	
Suggested Classification::		
Suggested Group Art Unit::		
CD-ROM or CD-R::	None	
Number of CD disks::		
Number of Copies of CDs::		
Sequence Submission?::		
Computer Readable Form (CRF)?::		
Number of Copies of CRF::		
Title::	Trophoblast Cell Preparations	
Attorney Docket Number::	MTS2AUSA	
Request for Early Publication?	No	
Request for Non-Publication?	No	
Suggested Drawing Figure::		
Total Drawing Sheets::	4	
Small Entity::	No .	
Latin name::		
Variety denomination name		
Petition Included::	No	
Petition Type		
Licensed US Govt. Agency::		
Contract or Grant Number::		
Secrecy Order in Parent Application::		

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	CA	
Status::	Full Capacity	
Given Name::	Janet	
Middle Name::		
Family Name::	Rossant	
Name Suffix::		
City of Residence::	Toronto	
State or Province of Residence::	Ontario	
Country of Residence::	CA	
Street of Mailing Address::	92 Pinecrest Road	
City of Mailing Address::	Toronto	
State or Province of Mailing Address::	Ontario	
Country of Mailing Address::	CA	
Postal or Zip Code of Mailing Address::	M6P 3G5	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	JP	
Status::	Full Capacity	
Given Name::	Satoshi	
Middle Name::		
Family Name::	Tanaka	
Name Suffix::		
City of Residence::		
State or Province of Residence::		
Country of Residence::	JP	
Street of Mailing Address::	University of Tokyo, Lab. Cell. Biochem, Vet. Med. Sci./Animal Resource Sci. 1-1-1 Yayoi, Bunkyo	
City of Mailing Address::	Tokyo	
State or Province of Mailing Address::		
Country of Mailing Address::	JP	
Postal or Zip Code of Mailing Address::	113-8657	

Applicant Information		
Applicant Authority Type::	Inventor	
Primary Citizenship Country::	CA	
Status::	Full Capacity	
Given Name::	Tilo	
Middle Name::		
Family Name::	Kunath	
Name Suffix::		
City of Residence::	Toronto	
State or Province of Residence::	Ontario	
Country of Residence::	CA	
Street of Mailing Address::	85 Thorncliffe Park Drive, Apt. 3	
City of Mailing Address::	Toronto	
State or Province of Mailing Address::	Ontario	
Country of Mailing Address::	CA	
Postal or Zip Code of Mailing Address::	M4H 1L6	

Correspondence Information		
Correspondence Customer Number::	00270	
Name::	Howson and Howson	
Street of Mailing Address	Spring House Corporate Center, Box 457	
City of Mailing Address	Spring House	
State or Province of Mailing Address	Pennsylvania	
Country of Mailing Address	US	
Postal or Zip Code of Mailing Address::	19477	
Phone Number::	215-540-9200	
Fax Number::	215-540-5818	
E-Mail Address::	Howson2@aol.com	

Representative Information		
Representative Customer No. 00270	Registration Number	Name

Domestic Priority Information			
Application	Continuity Type	Parent Application	Parent Filing Date
This application	Continuation	09/786,585	3/7/2001
09/786,585	National Phase	PCT/CA99/00867	9/23/1999
PCT/CA99/00867	An application claiming the benefit of 35 USC 119(e)	60/101,483	9/23/1998

Foreign Priority Information			
Country Application Filing Date Priority Claime Number			
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